

**IOWA BOARD OF DENTAL EXAMINERS  
ATTENDANCE RECORD REPORT**

**Approved sponsors must submit a list of Iowa licensees and registrants  
in attendance at all courses or programs presented. Attach additional sheets if needed.**

1. Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Course Title: \_\_\_\_\_ Date: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

3. Names of Iowa Licensees and Registrants in Attendance:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name of Person Completing Application: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL COMPLETED APPLICATION TO:**

Iowa Board of Dental Examiners  
400 S.W. 8<sup>th</sup> Street, Suite D  
Des Moines, IA 50309-4687